



Superior Court of California
County of San Diego
FAMILY COURT SERVICES

M. PATRICIA CHAVEZ-FALLON
DIRECTOR

PLEASE REPLY TO:

☐ 1555 6TH AVENUE
SAN DIEGO, CA 92101-3294
(619) 236-2681

☐ COURTHOUSE
325 S. MELROSE DR.,
VISTA, CA 92081-6636
(760) 940-4433

☐ 250 EAST MAIN ST., RM 2-E
EL CAJON, CA 92020-3941
(619) 441-4387

☐ 500 3RD AVENUE
CHULA VISTA, CA 91910-5649
(619) 691-4455

Dear Petitioner:

When seeking termination of guardianship of a child to whom you are related, you must file several documents for Family Court Services to begin the guardianship termination investigation. You can avoid needless delays in processing your guardianship matter by expeditiously submitting these documents to Family Court Services. The required documents are listed on the following page.

Please complete the Guardianship Termination Questionnaire. Co-petitioners must complete a separate Questionnaire. You may not know some of the information requested at this time. Please place a question mark at such places. You may also make a note of the requested information and bring your responses to your interview. We will be seeking information regarding the social history of the petitioner, guardians, parents and children as is required by State Law. Please bring all documentation requested in the questionnaire, including proof of residence and employment, parenting class certificates, treatment programs, etc.

Information provided on this questionnaire, in the family interview(s), in other submitted comments and from investigative sources, will be used to prepare a family social history, evaluation and recommendation to the Court. This report will then be placed in a sealed court file. Copies will be issued to the petitioner, guardians, parents and their respective attorneys.

You may call the Guardianship Clerk at the appropriate number listed above with questions regarding the Family Court Services Investigation process, or concerns regarding appointments.

The petitioner is responsible for notifying the guardians regarding the Family Court Services investigation interview appointment. Any adult living in the home and acting in a parental role should be present for the interview.

Do not bring the child(ren). A subsequent appointment will be scheduled should the investigator need to interview the child(ren).

Thank you for your timely assistance in processing this guardianship.

Respectfully yours,

M. Patricia Chavez-Fallon
Director



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**NOTICE TO PETITIONERS IN GUARDIANSHIP MATTERS
(PROBATE CODE SECTIONS 1513 AND 1513.1)**

In order to begin the investigation process, the following documents must be filed in the business office of the appropriate courthouse and the copies submitted to Family Court Services, at the corresponding address listed above, prior to scheduling an investigation date:

1. Petition for Termination of Guardianship of: Minor(s) Only (Form SDSC PR-94)
2. Order Directing Investigation signed by Judge of the Superior Court (Form SDSC PR-63)
3. Completed Guardianship Questionnaire (Form SDSC FCS-45)

You may mail the Information to the above address, or we suggest you walk in and drop your paperwork off from 8 a.m. to 12 p.m. and 1 p.m. to 5 p.m. Monday through Friday.

**FAMILY COURT SERVICES
GUARDIANSHIP QUESTIONNAIRE**

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO FAMILY COURT SERVICES BY _____
Your appointment will not be set until this form has been returned to Family Court Services.

COUNSELOR _____ PROBATE NO. _____

COURT DATE _____ FCS DATE _____

I. MINOR CHILDREN LISTED ON GUARDIANSHIP TERMINATION PETITION:

	<u>Full Legal Name(s)</u>	<u>Birth Date</u>	<u>Soc.Sec.#</u>	<u>School & Grade</u>	<u>Person with whom Residing</u>
1)	_____	____/____/____	_____	_____	_____
2)	_____	____/____/____	_____	_____	_____
3)	_____	____/____/____	_____	_____	_____
4)	_____	____/____/____	_____	_____	_____

Attorney for Minor(s):

Name _____ Address _____ Phone _____

II. PETITIONER(S) FOR TERMINATION OF GUARDIANSHIP:

1. Full Name _____ AKA or Maiden name _____

Address _____
Apt. City State Cty.

Phone Numbers: Home (____) _____ Work (____) _____

Social Security No. _____ Birth Date ____/____/____ Place of Birth _____ Race _____

Driver License No. _____ State _____ Currently Valid: Yes / No (circle one)

Relationship to Children on Petition _____ Maternal / Paternal (circle one)

2. Full Name _____ AKA or Maiden name _____

Address _____
Apt. City State Cty.

Phone Numbers: Home (____) _____ Work (____) _____

Social Security No. _____ Birth Date ____/____/____ Place of Birth _____ Race _____

Driver License No. _____ State _____ Currently Valid: Yes / No (circle one)

Relationship to Children on Petition _____ Maternal / Paternal (circle one)

Attorney for Petitioner(s):

Name _____ Address _____ Phone _____

III. CURRENT GUARDIAN(S):

1. Full Name _____ AKA or Maiden name _____

Address _____
Apt. City State Cty.

Phone Numbers: Home (____) _____ Work (____) _____

Social Security No. _____ Birth Date ____ / ____ / ____ Place of Birth _____ Race _____

Driver License No. _____ State _____ Currently Valid: Yes / No (circle one)

Relationship to Children on Petition _____ Maternal / Paternal (circle one)

Attorney for Petitioner(s):

Name _____ Address _____ Phone _____

2. Full Name _____ AKA or Maiden name _____

Address _____
Apt. City State Cty.

Phone Numbers: Home (____) _____ Work (____) _____

Social Security No. _____ Birth Date ____ / ____ / ____ Place of Birth _____ Race _____

Driver License No. _____ State _____ Currently Valid: Yes / No (circle one)

Relationship to Children on Petition _____ Maternal / Paternal (circle one)

Attorney for Petitioner(s):

Name _____ Address _____ Phone _____

IV. PARENTS OF MINORS: (Full legal names) If one of the natural parents has died, please mark Deceased" for that persons address and add the date of death, if known.

1. Full Name _____ AKA or Maiden name _____
Address _____
Apt. City State Cty.
Phone Numbers: Home () _____ Work () _____
Social Security No. _____ Birth Date ____ / ____ / ____ Place of Birth _____
Driver License No. _____ State _____ Race _____
Relationship to Children on Petition _____
Attorney:
Name _____ Address _____ Phone _____
2. Full Name _____ AKA or Maiden name _____
Address _____
Apt. City State Cty.
Phone Numbers: Home () _____ Work () _____
Social Security No. _____ Birth Date ____ / ____ / ____ Place of Birth _____
Driver License No. _____ State _____ Race _____
Relationship to Children on Petition _____
Attorney:
Name _____ Address _____ Phone _____
3. Full Name _____ AKA or Maiden name _____
Address _____
Apt. City State Cty.
Phone Numbers: Home () _____ Work () _____
Social Security No. _____ Birth Date ____ / ____ / ____ Place of Birth _____
Driver License No. _____ State _____ Race _____
Relationship to Children on Petition _____
Attorney:
Name _____ Address _____ Phone _____
4. Full Name _____ AKA or Maiden name _____
Address _____
Apt. City State Cty.
Phone Numbers: Home () _____ Work () _____
Social Security No. _____ Birth Date ____ / ____ / ____ Place of Birth _____
Driver License No. _____ State _____ Race _____
Relationship to Children on Petition _____
Attorney:
Name _____ Address _____ Phone _____

V. PETITIONER'S HOUSEHOLD COMPOSITION:

IV-A List other adults 18 or older residing in your home. Indicate if they are acting in a parental role with the child(ren) (Any individuals so indicated will be required to attend the investigation interview).

NAME: _____ Other Names Used _____
Birth Date ____ / ____ / ____ Birth Place _____ Sex _____
Driver's License No. _____ State _____ Social Security No. _____
Home Phone _____ Work Phone _____
Relationship to Applicant _____ Relationship to Child _____

NAME: _____ Other Names Used _____
Birth Date ____ / ____ / ____ Birth Place _____ Sex _____
Driver's License No. _____ State _____ Social Security No. _____
Home Phone _____ Work Phone _____
Relationship to Applicant _____ Relationship to Child _____

NAME: _____ Other Names Used _____
Birth Date ____ / ____ / ____ Birth Place _____ Sex _____
Driver's License No. _____ State _____ Social Security No. _____
Home Phone _____ Work Phone _____
Relationship to Applicant _____ Relationship to Child _____

NAME: _____ Other Names Used _____
Birth Date ____ / ____ / ____ Birth Place _____ Sex _____
Driver's License No. _____ State _____ Social Security No. _____
Home Phone _____ Work Phone _____
Relationship to Applicant _____ Relationship to Child _____

IV-B. List other children under age 18 living in your household:

Name _____	Birth Date ____ / ____ / ____	Soc.Sec.# _____	School _____
Name _____	Birth Date ____ / ____ / ____	Soc.Sec.# _____	School _____
Name _____	Birth Date ____ / ____ / ____	Soc.Sec.# _____	School _____
Name _____	Birth Date ____ / ____ / ____	Soc.Sec.# _____	School _____

Your Name: _____

(Please Print)

Relationship: _____

VI. LAW ENFORCEMENT INFORMATION:

Have charges ever been filed against you for crimes other than minor traffic citations?

Yes ☐ No ☐ If yes, please explain:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are you on parole or probation? Yes ☐ No ☐

Parole or Probation Officer's name: _____ Phone (____) _____

Have you or anyone living in your home ever been accused of child abuse or child molestation?

Yes ☐ No ☐ If yes, please explain:

VII. YOUR EDUCATION:

Highest grade completed _____. Graduated High School? Yes ☐ No ☐ Year _____

License(s) or Credential(s) received: _____

College degree(s) received: _____

VIII. YOUR EMPLOYMENT:

A. Employed by _____ B. Capacity/Job Title _____

C. Length of employment _____ D. Salary _____

E. Supervisor's name, address and phone number _____

Please bring confirmation of employment, including pay sub to the investigation interview.

IX. YOUR HEALTH:

Name of your health insurance plan _____

Present health status: Good ☐ Fair ☐ Poor ☐

If fair or poor, explain: _____

Are you taking any medication? Yes ☐ No ☐

If yes, what kind and for what reason(s) _____

Special health problems: _____

Have you ever had any problem with the following? Alcohol: Yes ☐ No ☐

Drugs: Yes ☐ No ☐ Mental/Emotional Problems: Yes ☐ No ☐

If yes, what is your current condition regarding this problem? _____

Bring proof of treatment to investigation interview. _____

Professional Practitioners: (Medical doctors, psychotherapists, counselors who may have treated you within the past two years.)

<u>Name and Title</u>	<u>Last Contact</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

X. FAMILY FINANCES:

- A. Residence: Owned? ☐ Rented? ☐ How Long? _____ Monthly Cost \$ _____ Value _____
Approximate size _____ sq.ft. Number of bedrooms _____. Number of bathrooms _____
Please provide proof of residence, i.e. rental agreement, at investigation interview.
- B. Other major assets or real property? Please List _____

- C. Income: List source(s) and amount(s): _____

XI. PLANS FOR CHILD CARE: (If necessary) _____

Care Provider(s):

Name _____	Address _____
Phone _____	Relationship to child _____ Hours _____
Name _____	Address _____
Phone _____	Relationship to child _____ Hours _____

XII. SUMMARY OF CIRCUMSTANCES:

- 1) Briefly summarize the reasons why termination of the guardianship is being requested by you. You may attach declarations which are being provided to the Court in this regard.
- 2) What is the guardian's opinion regarding your request for termination of the guardianship?
- 3) List any parenting classes or additional programs in which you have participated that you feel enhances your ability to parent. Please provide certificates of completion at the investigation interview.
- 4) Please describe the contact you have had with the child(ren) since the guardianship has been in effect.

I declare under penalty of perjury under the laws of the St of California that all of the information I have submitted in this Guardianship Questionnaire is true and correct.

Date _____

Print Name

Signature